

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375)						SERIAL NO.	FILING DATE			
						10-009, 191	APPLICANT			
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	IND.	IND.	IND.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1							61			
2		1					62			
3		2					63			
4		1					64			
5		1					65			
6		1					66			
7		2					67			
8		1					68			
9		1					69			
10		1					70			
11		1					71			
12		1					72			
13							73			
14							74			
15							75			
16		1					76			
17							77			
18		1					78			
19							79			
20							80			
21		1					81			
22		1					82			
23		1					83			
24		1					84			
25		1					85			
26		1					86			
27		1					87			
28							88			
29							89			
30							90			
31							91			
32							92			
33							93			
34							94			
35							95			
36							96			
37							97			
38							98			
39							99			
40							100			
41							TOTAL IND.			
42							TOTAL DEP.			
43							TOTAL CLAIMS			
44										
45										
46										
47										
48										
49										
50										
TOTAL IND.		3								
TOTAL DEP.		12								
TOTAL CLAIMS		15								